ADVANCED RECOVERY SYSTEMS

# 2026 Benefits Guide

Plan year: September 1, 2026 – December 31, 2026

# Welcome to your 2026 benefits!

INSIDE THIS GUIDE



As an Advanced Recovery Systems employee, you have choices in a comprehensive and valuable benefits program that you can match to your own personal situation.

## Enrollment Deadlines

To enroll/change your benefits, you must login to ADP at **workforcenow.adp.com** (see enrollment instructions on the next page).

- For new hires, benefit coverage is effective the first of the month following your hire date. We encourage you to make your benefit elections within the first few days after hire. You have a 30 day window to enroll and after that window closes, you will not be able to enroll/make changes until the next Open Enrollment period. The exception would be if you experience a qualifying life event during the year (as described on page 5).
- For Annual Open Enrollment, new enrollments and coverage changes will be effective 9/1/2026.

If you miss your enrollment deadline, you will not be able to make changes/enroll until the next Open Enrollment period. The exception would be if you experience a qualifying life event during the year (as described on page 5).

## Plan Year Transition

**Beginning January 1, 2027, the Company's benefit plan year is transitioning to a January 1–December 31 plan year.** As a result, this next benefit plan year will be a short one running from September 1, 2026, through December 31, 2026. Employees will complete Open Enrollment now to elect coverage for the short plan year and will participate in a second Open Enrollment later this fall to make benefit elections for the January 1, 2027–December 31, 2027 plan year.

Additional information, including enrollment dates and instructions, will be communicated in advance of the fall Open Enrollment.

## Questions?

If you have any questions about the enrollment process, please contact the HR Help Desk: **HRHelpDesk@advancedrecoverysystems.com**

# How to Enroll in Benefits

## ADP Online Enrollment

- Login to ADP at **workforcenow.adp.com**
- Select the **Myself** tab, **Benefits**, **Enrollments**.
- Select **Start Enrollment.**

## Enrollment Steps

### 1. Manage Dependents

Add dependents and beneficiaries that will be assigned to your benefit elections and upload the required documentation for any new dependents being covered under your benefit plans.

### 2. Select Benefits

- Select **Walk Me Through My Benefit Options**, then click **continue** on the bottom right.
- Begin by selecting **Medical** on the left under **Welcome**
  - Select **View all Plans or Waive benefit**. If applicable, select the dependent(s) you want to cover and then select your plan. Select **Confirm details.**
  - Continue to review each of the remaining benefit plans offered and elect the plans you wish to enroll in.
  - The system will require you to open each of the benefits choices. A **green** check mark will appear to the right of each benefit you have viewed. A check mark **does not** mean that you have enrolled in the benefit.
  - Please note as you progress down the list, you will need to scroll up to see the plan info.
  - If you are eligible, you will be auto-enrolled in Basic Life. Beneficiary designations are required for Basic Life and Employee Voluntary Life plans. Be sure to stop and make those designations.
  - If you are waiving coverage, some plans will require that you note a reason for waiving.

## Health Savings Account and Flexible Spending Accounts

- Enter the amount you want deducted **per pay period**
- When you input your contribution amount, the system will show your annual contribution amount.
- You can review your benefit elections and print the page for your records.
- Next to **Print this Page** at the top, it shows plan cost by **month** or by **pay period**.
- On the final page, any plans you have waived are displayed on the bottom of the screen or you can select **View Waived Plans** on the top right.
- On the bottom, you can select **Return to Choose Plans** if you want to make any changes to your selections or **Finish Later.**
- Select **Complete Enrollment** to submit your elections for approval and processing.
- Finally, review and/or print your enrollment summary for your records

## Please Note:

- Coverage is effective the first of the month following your hire date. We encourage you to enroll in benefits within the first few days after hire.
- If you do not complete your enrollment within 30 days of your hire date, you will not be able to elect coverage until the next Annual Open Enrollment.
- If you **do not** complete your enrollment, the system removes the green checks and will require you to view all of the plans again. **Benefit elections that have been saved but not submitted will not be processed and will be removed when your enrollment window closes.**

**Don't forget to review your covered dependents and beneficiaries!**

# Important Benefits Information

## Employee Eligibility

Except where otherwise noted, you are eligible to participate in the benefits program if you are a permanent Full-Time employee. The benefits you elect begin on the first day of the month following your hire date.

If you begin work as a Part-Time or On-Call (Per Diem, PRN) employee for at least 30 days and become Full-Time, you will be eligible to participate in the benefits program on the first of the month following the date you become Full-Time.

If your job status changes from Full-Time to Part-Time or On-Call, your benefit coverage will end on the last day of the month that your status changes. If you are enrolled in medical, dental, and/or vision coverage you may continue these benefits at your own expense per the COBRA regulations.

## Dependent Eligibility

If you are eligible and enroll, you may also enroll your eligible dependents. Eligible dependents include:

- Legal spouse
- Domestic partner
  - At least 18 years of age, residing together for an indefinite period
  - Not related by blood or adoption
  - Sole domestic partner for at least six (6) months
  - Jointly responsible for basic living expenses and welfare of one another
  - Meet the requirements of any applicable federal, state or local laws for domestic partnerships
- Children to age 26, including:
  - Biological child
  - Stepchild
  - Adopted child (or placed for adoption or foster care)
  - Child for which you are legal guardian
- Child under a Qualified Medical Child Support Order (QMSCO) or other court or administrative order.
- Child of any age who is mentally or physically disabled and dependent on you for support.*

* Proof of your child's disability from a physician certifying that he or she was disabled before reaching the eligibility age limit and is incapable of self-sustaining employment will be required.

### *Important!*

Documentation proving dependent eligibility will be required for all newly added dependents. When adding a dependent to your coverage, you must provide appropriate documentation (e.g., birth certificate, marriage certificate, or other proof of relationship) to verify their eligibility.

# Important Benefits Information

## When Dependent Coverage Ends

Coverage for your dependents will end at the end of the month in which they become ineligible.

### FLORIDA ONLY:

Dependent child(ren) may continue medical coverage until age 30 if the dependent is unmarried with no dependents of their own and not eligible for or enrolled in any other health plan, and either a resident of Florida or a full or part time student.

Refer to the Certificate of Coverage for each benefit type for more information on dependent qualifications and continuation of coverage.

## Qualifying Life Events

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as:

- Marriage
- Divorce
- Death of a spouse or a dependent child
- Birth or adoption of a child
- Gain or loss of coverage due to change of employment for your spouse or dependent child.
- Work status change for you that affects benefits eligibility

You must notify Human Resources **and** make the requested changes in the system within 30 days of experiencing a qualifying life event. If you do not make this notification within 30 days, you must wait until the next annual Open Enrollment period to make any changes. Documentation may be required.

# What to Expect for the Remainder of 2026

## Medical Benefits

### Your Plan Options

Centivo in conjunction with PERMA Fair will continue as the administrator of ARS's medical coverage. Express Scripts will be the administrator for prescription drug coverage.

## Traditional PPO and Traditional HDHP Plans

### Administered by Centivo

ARS will continue to offer the same two plan designs, administered by Centivo **utilizing the Cigna network**, used in the current year. There is no change in the deductibles and out-of-pocket maximums on these traditional plans.

## Open Access Plans

### Administered by Centivo

These two plans offer lower deductibles and out-of-pocket maximums than the traditional plans **AND** a lower payroll deduction.

While there is no required network to utilize, there are **OPTIONAL** networks (both physician and facility) that employees can choose to use. First Health is a network of physicians and Centivo is a network containing physicians and some medical facilities. However, our plans do not differentiate between In Network and Out of Network Status. Members will have the same deductibles and other cost-sharing regardless of the provider's network status.

# Medical Plan Options

## Centivo

| IN-NETWORK BENEFITS | Open Access HDHP<br>ALL PROVIDERS | Open Access PPO<br>ALL PROVIDERS |
|---|---|---|
| **Deductible** (Annually Per Calendar Year) | $2,000/$4,000 | $500/$1,000 |
| **Out-of-Pocket Maximum** | $4,000/$8,000 | $4,000/$8,000 |
| **Preventive Care Services** | $0 | $0 |
| **Primary Care Physician (PCP) Required?** | No | No |
| **PCP Office Visit** | 10% after deductible | $30 copay |
| **Specialist Office Visit** | 10% after deductible | $55 copay |
| **Urgent Care Center** | 10% after deductible | $60 copay |
| **Telemedicine** | $0 after deductible | $10 copay |
| **Behavioral Health** (Office/Virtual) | 10% after deductible | $0 |
| **Diagnostic Laboratory** | 10% after deductible | $0 |
| **Diagnostic X-Ray/Imaging** (MRI, CT-Scan) | 10% after deductible | $150 copay |
| **Emergency Room** | 10% after deductible<br>Additional $250 penalty if non-emergent | $350 Copay (waived if admitted)<br>$250 penalty if non-emergent |
| **Inpatient Hospital / Outpatient Surgery** | 10% after deductible | 30% after deductible |
| **Skilled Nursing Facility / Home Health Care** | 10% after deductible | 30% after deductible |
| **Outpatient Therapies** (PT, OT, Chiro) | 10% after deductible | $55 copay |

| PRESCRIPTION DRUG BENEFITS | Open Access HDHP RETAIL | Open Access HDHP MAIL ORDER | Open Access PPO RETAIL | Open Access PPO MAIL ORDER |
|---|---|---|---|---|
| **Generic Drugs** | 10% after deductible | 10% after deductible | $15 | $38 |
| **Preferred Brand Drugs** | 10% after deductible | 10% after deductible | $50 | $125 |
| **Non-preferred Brand Drugs** | 10% after deductible | 10% after deductible | $80 | $200 |

## Medical Plan Per Pay Period Contributions (Based On 24 Pay Periods)

| IN-NETWORK BENEFITS | OPEN ACCESS HDHP | OPEN ACCESS PPO |
|---|---|---|
| **Employee Only** | $51.55 | $116.97 |
| **Employee & Spouse** | $233.09 | $505.57 |
| **Employee & Child(ren)** | $180.20 | $355.81 |
| **Employee & Family** | $331.82 | $682.60 |

# Medical Plan Options

## Centivo (Cigna Network)

| | Traditional HDHP | | Traditional PPO | |
|---|---|---|---|---|
| BENEFITS | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **Deductible** (Annually Per Calendar Year) | $3,000/$6,000 | $5,000/$10,000 | $1,500/$3,000 | $4,500/$9,000 |
| **Out-of-Pocket Maximum** | $5,000/$10,000 | $10,000/$20,000 | $5,000/$10,000 | $11,000/$22,000 |
| **Preventive Care Services** | $0 | 50% after deductible | $0 | 50% after deductible |
| **Primary Care Physician (PCP) Required?** | No | No | No | No |
| **PCP Office Visit** | 10% after deductible | 50% after deductible | $30 copay | 50% after deductible |
| **Specialist Office Visit** | 10% after deductible | 50% after deductible | $55 copay | 50% after deductible |
| **Urgent Care Center** | 10% after deductible | 50% after deductible | $60 copay | 50% after deductible |
| **Telemedicine** | $0 after deductible | Not covered | $10 copay | Not covered |
| **Behavioral Health** (Office/Virtual) | 10% after deductible | 50% after deductible | $0 | 50% after deductible |
| **Diagnostic Laboratory** | 10% after deductible | 50% after deductible | $0 | 50% after deductible |
| **Diagnostic X-Ray/Imaging** (MRI, CT-Scan) | 10% after deductible | 50% after deductible | $250 copay | 50% after deductible |
| **Emergency Room** | 10% after deductible<br>Additional $250 penalty if non-emergent | | $350 Copay (waived if admitted)<br>$250 penalty if non- emergent | |
| **Inpatient Hospital / Outpatient Surgery** | 10% after deductible | 50% after deductible | 30% after deductible | 50% after deductible |
| **Skilled Nursing Facility / Home Health Care** | 10% after deductible | 50% after deductible | 30% after deductible | 50% after deductible |
| **Outpatient Therapies** (PT, OT, Chiro) | 10% after deductible | 50% after deductible | $55 copay | 50% after deductible |
| PRESCRIPTION DRUG BENEFITS | RETAIL | MAIL ORDER | RETAIL | MAIL ORDER |
| **Generic Drugs** | 10% after deductible | 10% after deductible | $15 | $38 |
| **Preferred Brand Drugs** | 10% after deductible | 10% after deductible | $50 | $125 |
| **Non-preferred Brand Drugs** | 10% after deductible | 10% after deductible | $80 | $200 |

### Medical Plan Per Pay Period Contributions (Based On 24 Pay Periods)

| IN-NETWORK BENEFITS | TRADITIONAL HDHP | TRADITIONAL PPO |
|---|---|---|
| **Employee Only** | $75.61 | $160.83 |
| **Employee & Spouse** | $320.49 | $695.15 |
| **Employee & Child(ren)** | $247.77 | $489.24 |
| **Employee & Family** | $456.25 | $938.58 |

# Understanding your Medical Plans

## Understanding How Your Medical Plan Options Work

Both traditional medical plan options utilize the same PPO network of providers. Out-of-network coverage is also available but will cost you more out of pocket. With the Open Access plans, you have the flexibility to see any provider without being limited to a specific network.

Deductibles and out-of-pocket maximums are measured by calendar year and reset on January 1st for all medical plans. However, the PPO and HDHP plans differ in how expenses count toward the deductible and out-of-pocket maximums.

### Open Access HDHP and Traditional HDHP

If you enroll one or more dependent(s), all covered family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each covered family member's covered expenses based on the coinsurance level specified by the plan. **This plan includes a combined Medical/ Pharmacy plan deductible.**

After the family out-of-pocket maximum has been met by a combination of covered members, each member's expenses will be covered at 100% for the remainder of the calendar year. **This plan includes a combined Medical/Pharmacy out-of-pocket maximum.**

### Open Access PPO and Traditional PPO Plan

Each covered family member has to meet his or her own deductible. Once the family deductible has been met the plan will pay covered expenses for each covered family member based on the coinsurance level of the plan.

After each covered family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses for the remainder of the calendar year. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each covered family member's covered expenses for the remainder of the calendar year. **This plan includes a combined Medical/Pharmacy out-of-pocket maximum.**

# Health Savings Account (HSA)

## WEX

## About the HSA

### For employees enrolled in an ARS HDHP option only

**Employees who elect an HDHP medical plan may contribute towards an HSA, administered by WEX.** An HSA is an employee owned, tax-exempt savings account designed to pay for qualified health care expenses, such as deductibles, copays, coinsurance, dental care, vision, LASIK surgery and prescriptions.

Contributions to your HSA are made on a pre-tax basis via payroll deductions and Advanced Recovery Systems will match 50% of employee contributions (up to the lesser of $1,500 or the IRS maximum). **Any unused balance in your HSA will roll over into the next year and the account is portable, meaning you take it with you should you leave the company.**

## HSA Highlights

- In the 2026 calendar year, HSA account holders can choose to save up to $4,400 for individual coverage and $8,750 (including employer match) for family coverage.
- HSA account holders ages 55 and older are able to save an additional $1,000 in funds for eligible expenses.
- Changes to your HSA contribution election can be made at any time throughout the year.

## HSA Restrictions

- You cannot open an HSA unless you are enrolled in an HDHP plan.
- You cannot contribute to an HSA if you are 65+ and receiving Social Security/Medicare benefits.
- You cannot have a balance in a Healthcare Flexible Spending Account (FSA).
- You can use your HSA for expenses associated to your dependent but only if the dependent is your tax dependent.

# Flexible Spending Account (FSA)

## WEX

### Healthcare FSA

**For employees enrolled in a PPO plan option or those waiving coverage and not enrolled elsewhere under a qualified HSA**

**Employees who enroll in a PPO plan may contribute toward a Healthcare Flexible Spending Account (FSA). The plan is administered by WEX.**

The FSA allows you to set aside pre-tax dollars to pay for eligible health care expenses. You can elect to contribute up to $1,133 in pre-tax deductions for the short plan year ending December 31, 2026.

- Funds must be used for expenses incurred in that current plan year.
- If you re-enroll in the FSA at open enrollment, you can carry over up to $680 in unused contributions into the next plan year.
- Contribution amounts cannot be changed once elected without a qualifying event.
- Unused funds in excess of $680 for the plan year are forfeited.

### Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The maximum amount you may contribute is $2,500 for the short plan year ending December 31, 2026.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care either inside or outside of your home so that you can work.
- Preschool, before- and after-school care, summer day camp, and elder care.
- your dependent but only if the dependent is your tax dependent.

# Telemedicine

## MDLive (available to employees enrolled in an ARS medical plan option)

Telemedicine offers physician-based care around-the-clock at lower costs compared to visiting an urgent care center or emergency room. All covered employees can use readily available technology and tools to consult with a U.S. board certified physician.

In addition to lowering costs, telemedicine can help improve outcomes, speed recovery, and shorten absences, getting you back on track more quickly.

### Urgent Care

#### On-demand care for illness and injuries

- Talk to a board-certified doctor in just minutes when you need care fast, including prescriptions.
- Reliable and affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

### Mental Health

#### Talk therapy and psychiatry from the privacy of home

- Licensed therapists and board-certified psychiatrists.
- Schedule your appointment in as little as five days with after-hours and flexible sessions available.

### Primary Care

#### Wellness screenings, routine care, and specialist referrals

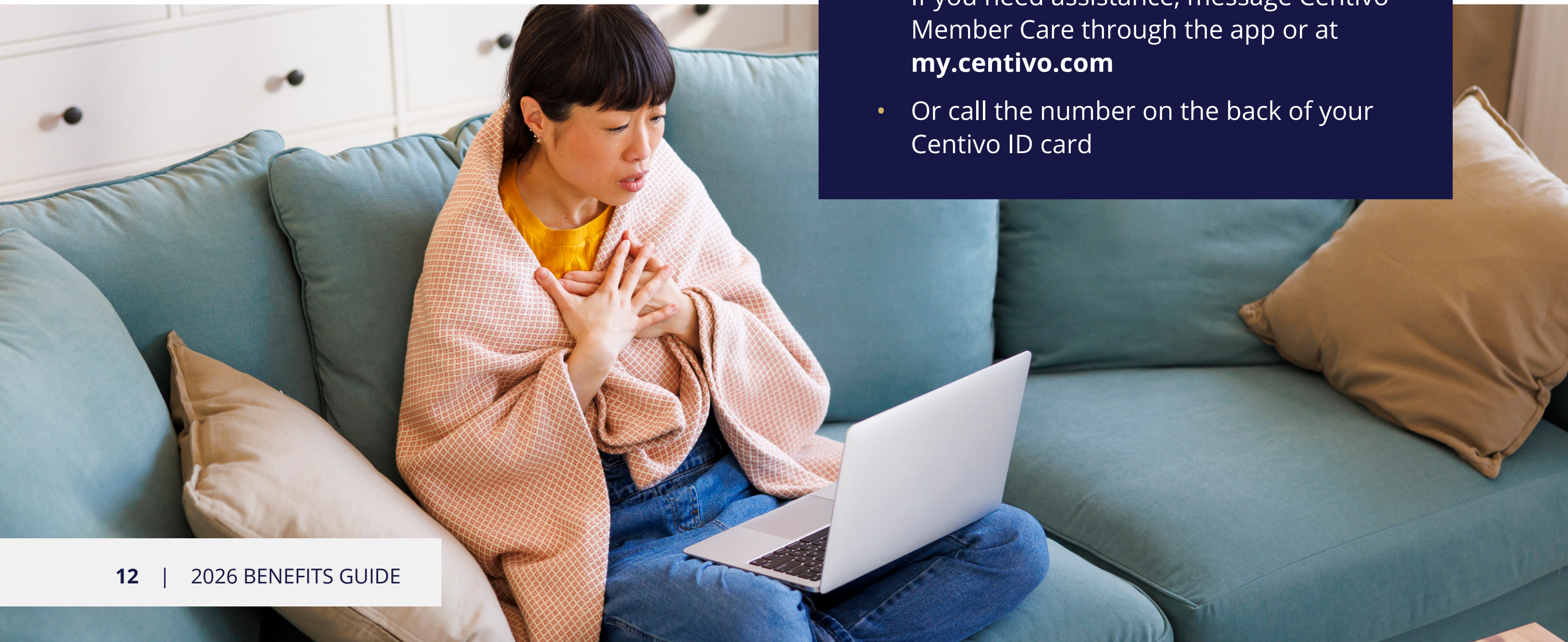
- Annual checkups, preventive, and ongoing care for common conditions like diabetes, asthma, and heart disease.
- See the same doctor for each appointment and receive referrals, prescriptions, lab work, and diagnostic tests.

### Know where to go for care!

To further reduce your out-of-pocket costs, consider using MDLive, when appropriate, instead of the emergency room or an urgent care center for care after hours. **This service is available 24/7 to all employees and their eligible dependents who are enrolled in a medical plan.**

### *Getting started with MDLive:*

- Access MDLive through the Health Hub in the Centivo app or at **my.centivo.com**
- If you need assistance, message Centivo Member Care through the app or at **my.centivo.com**
- Or call the number on the back of your Centivo ID card



# Maximize your Medical & Pharmacy Benefits

## Take Advantage of Preventive Care Services Covered at 100%

All medical plans cover eligible expenses for qualified preventive care, such as annual checkups, routine physicals, lab work, mammograms, pap smears, and other health screens at 100%, no deductible, coinsurance or copayments.

## Save with Generic Drugs

A generic drug is a less expensive version of a brand drug. Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are and meet the same standards set by the FDA. **The major difference is that the generic drug often costs much less.**

## Use Mail Order to Fill Prescriptions for Maintenance Medications

Using Express Scripts Home Delivery (mail order program) for your maintenance medications will save you money. You will receive up to a 90-day (3-month) supply for the cost of 2.5 monthly retail copays. In addition to the savings you'll receive, your prescriptions will be conveniently delivered right to your home.

**Remember to request a 90 day prescription from your provider if you use pharmacy mail order.**

# Support Services

## Health Advocate

### (available to employees enrolled in an ARS medical plan option)

Navigating the health care system can be difficult. That's why we offer you the resources of Health Advocate. Health Advocate is staffed by registered nurses and supported by physicians to provide you and your family members with professional and confidential support when you need it. This service is provided at no cost to you.

### Starting Life's Journey

- Find the right doctors, including pediatricians, specialists, hospitals and facilities.
- Act as an ongoing resource for you and your growing family.
- Weigh pros and cons of staying on parent's health plan; understand coverage options for adult children over 26.

### Staying the Course

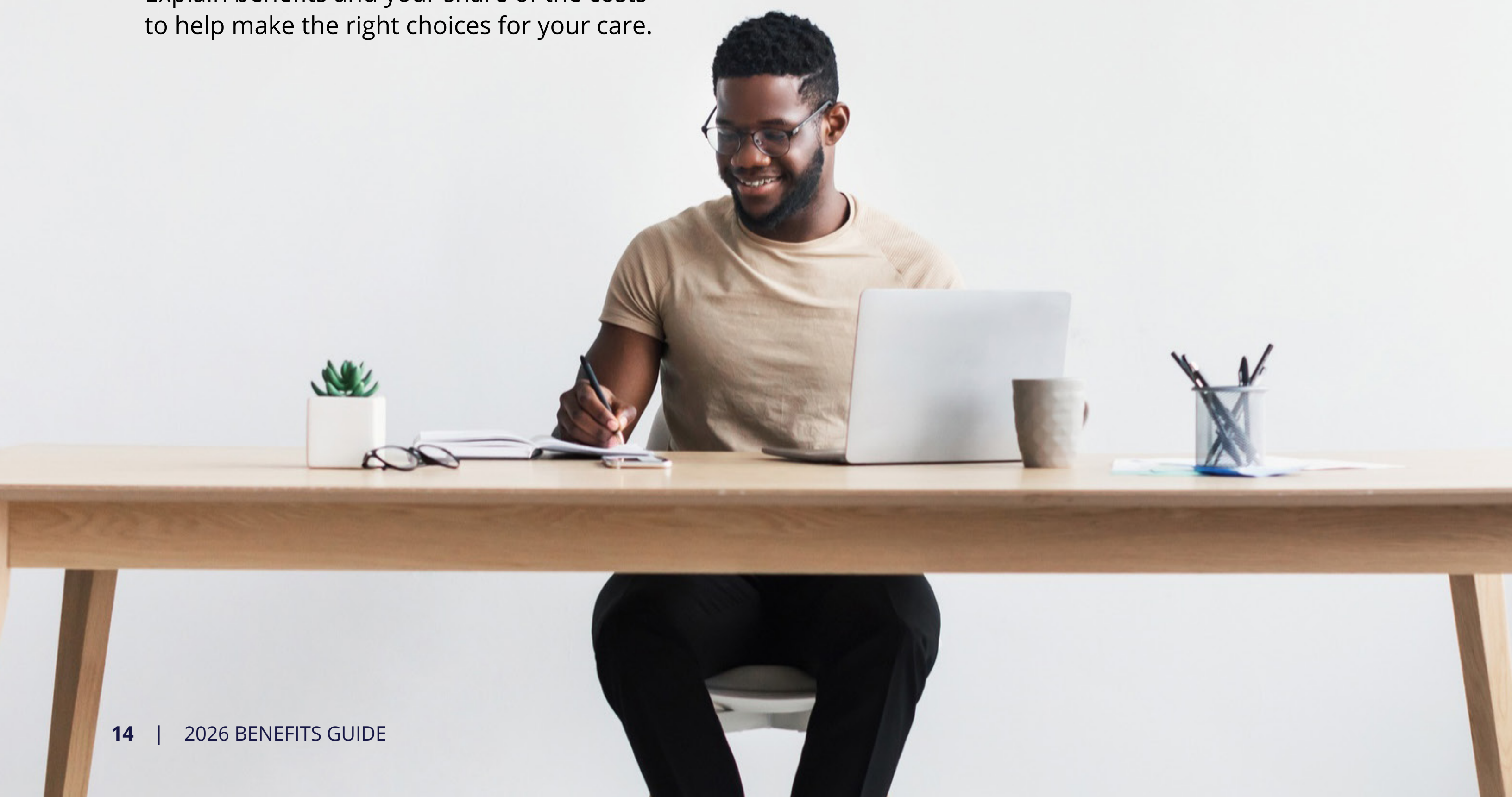
- Explain health conditions, diagnoses and treatments; research treatment options.
- Explain benefits and your share of the costs to help make the right choices for your care.

### Aging and Retirement

- Guide the transition from traditional insurance to Medicare; locate supplemental insurance options.
- Arrange doctor appointments, including with hard-to-reach specialists, transportation services and more.
- Locate the right facilities from assisted living to skilled nursing, long-term care and memory-impaired facilities.

### To Contact Health Advocate

- Contact Health Advocate by phone at **866.695.8622** or email **answers@HealthAdvocate.com** (Monday through Friday from 8 a.m. to 9 p.m. Eastern time).
- You can also reach Health Advocate after hours and on weekends. Visit the website at **HealthAdvocate.com/members**.



# Dental Benefits

## Cigna

You have two choices for dental benefits, the Dental PPO Low Plan and the Dental PPO High Plan, or you can waive coverage. To locate in-network dentists call **800.244.6224** or go to **www.cigna.com**:

- Click on **"Find a Doctor"** at the top of the screen.
- Then, on the next screen, choose the **"Employer or School"** option.
- Next, enter your city, state, or zip code. Click on **"Doctor By Type"**, then choose a General or Pediatric dentist from the drop-down menu. Press **"Search"**
- Select **"Continue as Guest"** (unless you have already registered for **www.mycigna.com**).
- Click **"Continue"** then select the **"Total Cigna Dental PPO (Cigna DPPO Advantage and Cigna DPPO)"** network

| | Dental Low PPO Plan | Dental High PPO Plan |
|---|---|---|
| BENEFITS | COMBINED IN-NETWORK AND OUT-OF NETWORK | COMBINED IN-NETWORK AND OUT-OF NETWORK |
| **Calendar Year Deductible*** (Individual/Family) | $50 / $150 | $50 / $150 |
| **Calendar Year Maximum** (per patient) | $1,450 | $2,450 |
| **Preventive & Diagnostic Services**<br>Two routine exams per calendar year, includes x-rays and cleanings | Plan pays 100%, no deductible | Plan pays 100%, no deductible |
| **Basic Services**<br>Restorative fillings, endodontics, root canal, periodontal services | Plan pays 80% after deductible | Plan pays 80% after deductible |
| **Major Services**<br>Crowns, inlays, onlays, bridges, dentures, implant services, oral surgery | Plan pays 50% after deductible | Plan pays 50% after deductible |
| **Orthodontia Benefits** (for children up to age 19) | Plan pays 50% up to $1,000 | Plan pays 50% up to $2,000 |
| **Orthodontia Lifetime Maximum** (per patient) | Plan pays 50% up to $1,000 | Plan pays 50% up to $2,000 |
| **Out-of-Network Reimbursement Level** | 80th Percentile of Usual and Customary | 90th Percentile of Usual and Customary |

* Only applies to Basic and Major Services.

### Dental Plan Contributions (Based On 24 Pay Periods)

| IN-NETWORK BENEFITS | DENTAL LOW PPO PLAN | DENTAL HIGH PPO PLAN |
|---|---|---|
| **Employee Only** | $19.02 | $21.80 |
| **Employee & Spouse** | $37.78 | $42.86 |
| **Employee & Child(ren)** | $45.52 | $50.00 |
| **Employee & Family** | $69.19 | $76.73 |

# Vision Benefits

## Cigna

If you enroll in the Vision Plan, your benefits are available through any vision care professional you choose. However, using Cigna's vision network providers will save you money. In addition, when using an out-of-network provider, you are required to pay the provider in full at the time of services and file a claim for reimbursement. The amount you receive will likely be less than what your out-of-network provider charges.

To locate in-network vison providers call **888.353.2653** or go to **www.cigna.com**:

- Click on **"Find a Doctor"** at the top of the screen.
- Then on the next screen, choose the **"Employer or School"** option.
- Scroll down to **"Additional Resources"** and under the Vision heading, select **Cigna Vision Directory (Serviced by EyeMed)**
- Enter your search criteria and hit **"Enter"**

### Cigna Vision Plan

| BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
| --- | --- | --- |
| **Exam** | $10 copay | Plan pays $45 allowance |
| **Frames** | Plan pays up to $180 plus 20% over the $180 allowance | Plans pays $100 allowance |
| **Lenses**<br>Single Vision Lenses<br>Bifocal Lenses<br>Trifocal Lenses<br>Lenticular Lenses | Plan pays 100% after $25 copay for standard corrective lenses | Plan pays allowances:<br>$32<br>$55<br>$65<br>$80 |
| **Contact Lenses** (in lieu of eyeglasses) | Plan pays $200 for elective<br>Covered 100% for therapeutic | Plan pays $160 allowance for elective<br>$210 allowance for therapeutic |
| **Frequency**<br>Vision Exam<br>Lenses<br>Frames<br>Contact Lenses | <br>Every 12 months<br>Every 12 months<br>Every 12 months<br>Every 12 months | <br>Every 12 months<br>Every 12 months<br>Every 12 months<br>Every 12 months |

### Vision Plan Contributions (Based On 24 Pay Periods)

| IN-NETWORK BENEFITS | DENTAL LOW PPO PLAN |
| --- | --- |
| **Employee Only** | $2.54 |
| **Employee & Spouse** | $4.81 |
| **Employee & Child(ren)** | $5.65 |
| **Employee & Family** | $7.94 |

When you see a Cigna Vision Network Professional, you can save 20% (or more) on additional pairs of frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

# Life and AD&D Insurance

## Prudential

Life and Accidental Death and Dismemberment (AD&D) Insurance is an important part of your financial security, especially if others depend on you for support. **All regular Full-Time employees are automatically enrolled in Company-paid Basic Life and AD&D Insurance with the option to elect Supplemental Life and AD&D Insurance.**

### Basic Term Life Insurance and AD&D

The company provides Basic Term Life and Basic AD&D Insurance at no cost to you. Coverage equals one times your annual Company earnings up to $50,000 and is payable to your designated beneficiary.

### Supplemental Life and AD&D Insurance

You may elect additional life and AD&D insurance as follows:

- **Employee:** Up to 5 times annual earnings in $10,000 increments to a maximum amount of $500,000. $100,000 guaranteed issue at first eligibility only.
- **Spouse:** Up to $100,000 or 50% of your total Life Insurance benefit amount (whichever is the lesser amount). $25,000 guaranteed issue at first eligibility only.
- **Child(ren):**
  - Ages 15 days to six months, $100 benefit.
  - For your dependent children ages six months to 26 years, you can choose $10,000 in coverage.

If you elect Life Insurance coverage, you will also receive the same amount for your AD&D benefit.

**PLEASE NOTE:**

You will be required to complete an Evidence of Insurability (EOI) form if you request coverage above the Guarantee Issue amount and for any amount after first eligibility.

Volume reductions are applied beginning at age 65.

# Other Supplemental Benefits

## Short-Term Disability (STD)

### Prudential

You can enroll in the STD plan to continue receiving a portion of your eligible earnings following a qualifying injury or illness. You may not be eligible for benefits if you have received treatment for a condition within the past three months until the plan has covered you for at least 12 months.

**Plan Highlights:**

- Replaces 60% of your eligible weekly earnings up to $1,800.
- Benefits begin on the eighth day following a qualifying accident or illness.
- Benefits are payable for up to 12 weeks after a seven day elimination period.

## Long-Term Disability (LTD)

### Prudential

You can enroll in the LTD plan, which will begin payments 90 days after a qualifying injury or illness. You may not be eligible for benefits if you have received treatment for a condition within the past six months until the plan has covered you for at least 12 months.

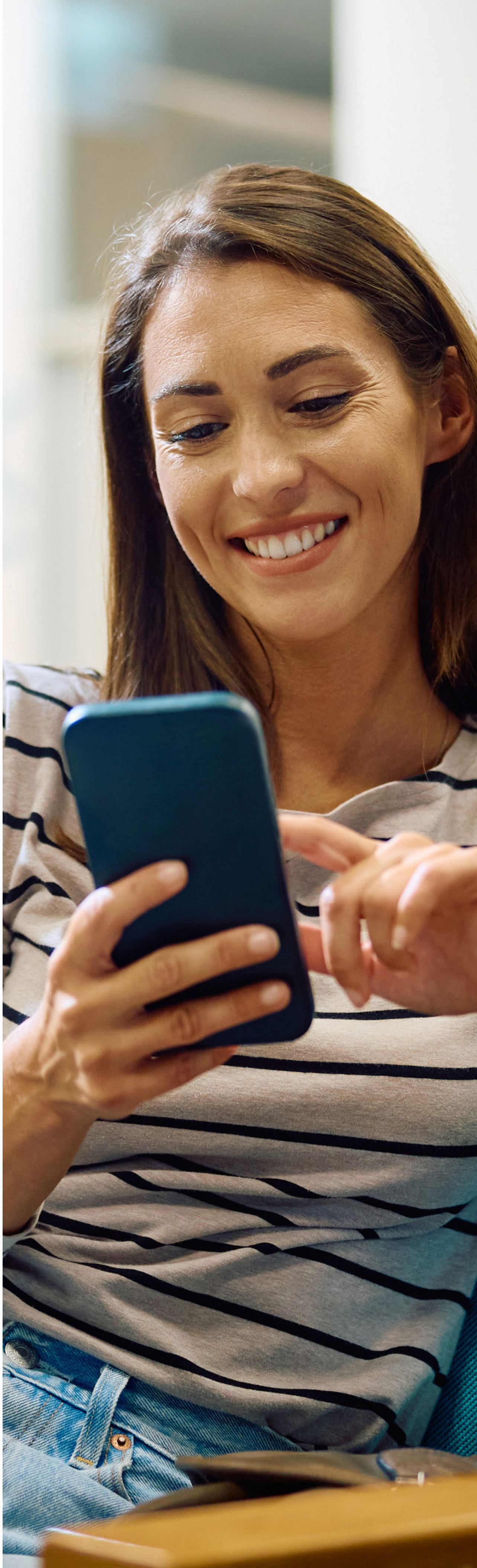
While receiving disability payments, your premium payments will be waived.

**Plan Highlights:**

- Replaces 60% of your eligible monthly earnings up a maximum of $8,000.
- Benefits begin after 90 days of disability.
- Benefits continue to Social Security Normal Retirement Age. Certain conditions or reasons for disability limit benefits to 24 months.

Please be aware of these requirements for both disability plans:

- Benefits are reduced by the amount of any state and certain other disability payments you may be eligible to receive.
- Other features and limitations apply. See the Certificate of Coverage for more information.



# Voluntary Benefits

## Group Accident Insurance

### Prudential

Pays a cash benefit for specific injuries incurred following an accident. You can use the payments to cover any expense. A specific amount is paid for each type of injury.

This benefit pays independent of any health insurance plan. Be sure you understand how the plan pays benefits and any exclusions and limitations. Please refer to the Schedule of Benefits at **myarsbenefits.com/voluntary-benefits** for more information.

## Group Critical Illness Insurance

### Prudential

This plan pays a cash benefit to you if you are diagnosed with a covered illness, including heart attack, coronary artery bypass graft, cancer, kidney failure, stroke and major organ transplant. You can enroll in your choice of $10,000, $20,000, or $30,000 in coverage.

The benefit is payable for one or more critical illnesses. Please refer to the certificate for a schedule of covered illnesses.

Rates are age-based as per $1,000 in coverage. A pre-existing condition exclusion applies for six months to any condition (excluding heart attacks and strokes) that was treated within the three months prior to the coverage effective date.

## Group Hospital Indemnity Insurance

### Prudential

Pays a cash benefit when you're admitted to a hospital following an accident, illness or for rehabilitation. You can enroll in one of two options, based on the benefit amount that would be paid to you:

- Low Plan: $1,500 benefit
- High Plan: $2,500 benefit

## MetLaw® Legal Plan

### Prudential

There are many times in life when you may need the services of a qualified attorney. For $12 per pay period, MetLaw could save you and your family members hundreds of dollars in attorney fees for common legal services like:

- Estate planning documents
- Real estate matters
- Identity theft defense
- Financial matters, such as debt-collection
- Traffic offenses
- Family Law, including adoption and name change
- Advice and consultation on personal legal matters

# Additional Employee Resources

## Available to full-time employees

### Employee Assistance Program

The Employee Assistance Program (EAP) offers you and your family members various services and referrals through ComPysch. These services, available at no cost to full-time employees, can help with everyday issues such as:

- **Family:** Divorce, caring for an elderly family member, returning to work after having a baby.
- **Work:** Building relationships with co-workers and managers, navigating through reorganization.
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues.
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning.
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized.
- **Health:** Anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking.
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet.

You can contact the EAP counselors at **800.311.4327** to discuss your personal needs. Representatives are available 24 hours a day, seven days a week. Your discussions are completely confidential.

You can also visit the website at **www.guidanceresources.com**, and log in with Company Web ID: **GRS311**.

### Grief Counseling

Facing a major loss is not easy. No matter the circumstances, whether it's a death, an illness, a divorce or even a child leaving home, there are valuable resources available to you for help. At your time of need, you and your dependents have 24/7 access to a licensed professional through ComPsych for a consultation in-person or by phone. Benefits include up to three face-to-face or telephonic counseling sessions with a local provider.

### Travel Assistance

This service offers you and your dependents 24/7 access travel and concierge services when traveling away from home. Coverage includes:

- Emergency Medical Transport Services
- Medical Assistance Services
- Travel Assistance Services
- Security Assistance Services

For more information, call **855.847.2197** from within the US or visit **www.imglobal.com**.

### Will Preparation Services

EstateGuidance through ComPysch can help you secure your future by overcoming the legal, financial, and emotional barriers to estate planning. This online service allows you to create a legally binding Last Will and Testament, Living Will, and Final Arrangements document online for a small fee, without the hassle or expense of hiring a lawyer. EstateGuidance walks you through the documentation process and breaks down each step into easy-to-understand terms.

# 401(k) Retirement Plan

## Advanced Recovery Systems is pleased to offer an employee retirement savings plan.

- All employees except interns are eligible for the 401(k) plan. Eligible employees who choose to enroll may do so starting on the first of the month following 30 days of employment. After enrollment, you may change your contribution election at any time during the year. The plan also provides the opportunity to enroll in auto-escalation, which allows you to set regular increases in your contributions, helping you grow your retirement
- Contributions can be made as Traditional pre-tax or Roth (after tax).
- The company will match 50% of the first 4% of your contributions to the plan.
- Matching funds vest at 25% for each year of service, resulting in full vesting at four (4) years of service. Vesting begins from your date of hire.
- You have a variety of investment options to choose from offered through Voya Financial.
- Be sure to designate beneficiaries for your retirement plan.

## Enrolling in the Plan

Shortly after your hire date, Voya will mail you packet of information introducing you to the ARS 401(k) plan. This information will provide instructions for enrollment and registration on their website. Once you have enrolled on the Voya enrollment center, you will then be able to register for an account on the participant website, **VoyaRetirementPlans.com**. Here you will be able to make deferral changes, manage funds and designate a beneficiary.

## Managing your Retirement Plan

Enrollment and all updates to your 401(k), including contribution changes and beneficiary designations, will be made on the Voya website.

In addition, retirement planning and investment information is available on the Voya website.

### For Customer Service

- Log into: **www.VoyaRetirementPlans.com**
- Call **800.584.6001** (Mon-Fri, 8AM-9PM ET).

### ARS 401(k) Plan Information

- Plan Number: **81A882**
- Verification Number: **81A88299**

**If you have any questions about the enrollment process, contact HR Support: HRHelpDesk@advancedrecoverysystems.com**

# Benefit Resources

## Conner Strong & Buckelew

### Benefits Member Advocacy Center (Benefits MAC)

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits MAC, provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

To contact the Benefits MAC, call **800.563.9929**, email **cssteam@connerstrong.com** or go to **www.connerstrong.com/memberadvocacy**.

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email within 1-2 business days of your inquiry.

### BenePortal

#### Your benefits information in one place!

At Advanced Recovery Systems, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links, and other applicable benefit materials.

#### Secure Online Access

Visit **www.myARSbenefits.com** to access your benefits information today!

#### Mobile-friendly Site

BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

# Carrier Contacts

| BENEFIT | CARRIER/RESOURCE | PHONE | WEBSITE |
|---|---|---|---|
| **Benefits MAC** | Conner Strong & Buckelew | 800.563.9929 | www.connerstrong.com/memberadvocacy |
| **Medical** | Centivo | 888.391.7788 | my.centivo.com |
| **Prescription** | Express Scripts | 800.282.2881 | www.express-scripts.com |
| **Dental** | Cigna | 800.244.6224 | www.cigna.com |
| **Vision** | Cigna | 888.353.2653 | www.cigna.com |
| **FSA/HSA** | WEX | 866.451.3399 | www.wexinc.com |
| **Telemedicine** | MDLIVE | 844.677.6856 | my.centivo.com<br>Under Health Hub |
| **Life, Disability, and Supplemental Plans** | Prudential | 844.455.1002 | www.prudential.com/mybenefits |
| **EAP** | ComPysch | 800.311.4327 | www.guidanceresources.com<br>Company Web ID: GRS311 |
| **MetLaw Legal Plan** | MetLife | 833.214.4172 | www.legalplans.com |
| **401(k)** | Voya | 800.584.6001 | www.voyaretirementplans.com |
| **Human Resources** | Advanced Recovery Systems | N/A | HRHelpDesk@advancedrecoverysystems.com |

# Legal Notices

## Notice Regarding Special Enrollment

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)**
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of coverage for Medicaid or a State Children's Health Insurance Program**
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

**New dependent by marriage, birth, adoption, or placement for adoption**
If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program
HIPP Phone: 1-888-346-9562

# Legal Notices

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Louisiana Medicaid Website:
https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website:
https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

# Legal Notices

## Notice of Privacy Practices

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Advanced Recovery Systems health plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice or for more information on the Plan's privacy policies or your rights under HIPAA contact Wendy Mahle at 754-300-3120 extension 4013.

## Important Notice from Advanced Recovery Systems About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Advanced Recovery Systems and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Advanced Recovery Systems has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan, your current Advanced Recovery Systems coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Advanced Recovery Systems coverage, be aware that you and your dependents will be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with Advanced Recovery Systems and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**
Contact the Benefit Manager at ARS for further information:

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ARS changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

**For more information about Medicare prescription drug coverage:**

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

| | |
|---|---|
| Date: | September 2026 |
| Name of Entity : | Advanced Recovery Systems |
| Contact: | Head of Human Resources |
| Address: | 2200 N Commerce Pkwy<br>Suite 200<br>Weston, FL 33326 |
| Phone Number: | 754-300-3120 ext. 4013 |

# Insurance Marketplace Notice

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

**What is the Health Insurance Marketplace?**
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2026 for coverage starting as early as January 1, 2027.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.96% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**
For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

## PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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| 3. Employer Name<br>Advanced Recovery Systems | | 4. Employer Identification Number<br>80-0964064 |
| 5. Employer Address<br>2200 N Commerce Pkwy, Suite 200 | | 6. Employer phone number<br>1-855-618-1316 |
| 7. City<br>Weston | 8. State<br>FL | 9. Zip Code<br>33326 |
| 10. Who can we contact about employee health coverage at this job?<br>Human Resources | | |
| 11. Phone number (if different from above) | | 12. Email address<br>HRHelpDesk@advancedrecoverysystems.com |

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